

Program name \_\_\_\_\_ K8  
License number \_\_\_\_\_

**Personnel or Applicant**

First name \_\_\_\_\_ Middle name \_\_\_\_\_ Last name \_\_\_\_\_ Social Security number \_\_\_\_\_

Date of birth \_\_\_\_\_ All previous names, including aliases and maiden \_\_\_\_\_

Street address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP code \_\_\_\_\_

Mailing address or PO Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP code \_\_\_\_\_

Email \_\_\_\_\_

Phone number with area code \_\_\_\_\_ Alternate phone number with area code \_\_\_\_\_

**Education**

Do you have a high school diploma, General Education Development (GED) credential, or Licensing approved equivalent? ☐ Yes ☐ No

When **NO**, are you in the process of obtaining a high school diploma, GED, or Licensing approved equivalent? ☐ Yes ☐ No

What is the highest grade you have completed: \_\_\_\_\_

**List child care credentials or educational certificates****Expiration date(s)**

\_\_\_\_\_

**College**

College/university/school \_\_\_\_\_ Location(s) \_\_\_\_\_

Degree or credential \_\_\_\_\_ Major/minor \_\_\_\_\_ Attendance (MM/YY - MM/YY) \_\_\_\_\_

First name \_\_\_\_\_ Last name \_\_\_\_\_ K8  
 License number \_\_\_\_\_  
 Graduation date \_\_\_\_\_ Number of completed semester hours if you did not graduate \_\_\_\_\_

### Previous Child Care Employment

Employer name	Address (city, state, zip code)	Phone	Full or part-time	Dates of employment	
				From	To
				From	To
				From	To
				From	To

### Personal References

All applicants for all personnel positions: list at least three non-relative references, with at least two of them from your most recent employers, when applicable.

Name \_\_\_\_\_ Phone number \_\_\_\_\_ Relationship \_\_\_\_\_  
 Mailing address or PO Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP code \_\_\_\_\_

Name \_\_\_\_\_ Phone number \_\_\_\_\_ Relationship \_\_\_\_\_  
 Mailing address or PO Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP code \_\_\_\_\_

Name \_\_\_\_\_ Phone number \_\_\_\_\_ Relationship \_\_\_\_\_  
 Mailing address or PO Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP code \_\_\_\_\_

### Background Investigation

First name \_\_\_\_\_ Last name \_\_\_\_\_ K8  
License number \_\_\_\_\_

Are you required to register under the Sex Offenders Registration Act or Mary Rippy Violent Crime Offenders Registration Act? ☐ Yes ☐ No

Do you have pending charges, have you entered a plea of guilty or nolo contendere (no contest); or been convicted of any criminal activity involving gross irresponsibility or disregard for the safety of others; violence against an individual; sexual misconduct; child abuse or neglect; animal cruelty; or possession, sale, or distribution of illegal drugs? ☐ Yes ☐ No

### Signature of Personnel or Applicant

I understand by completing this form a background investigation will occur prior to hire. ☐ Yes ☐ No

I understand my registration on the Child Care Registry (Restricted Registry) may occur when:

- a background investigation reveals a specified criminal history; or ☐ Yes ☐ No
- an action against a child in care results in a confirmed or substantiated finding of abuse or neglect. ☐ Yes ☐ No

I certify the information provided on this form is true and complete.

Signature of personnel or applicant \_\_\_\_\_ Date \_\_\_\_\_

Parent's signature when applicant is a minor \_\_\_\_\_ Date \_\_\_\_\_

### Program Use Only

**Complete during hiring process by owner, responsible entity, director, or primary caregiver:**

Date Personnel Information form submitted to Licensing: \_\_\_\_\_

Form must be submitted to Licensing within 2 weeks of employment

Date **Restricted Registry** search completed: \_\_\_\_\_

Date **three** reference checks **completed**: \_\_\_\_\_

Date **preliminary** criminal history review results received, when applicable: \_\_\_\_\_

Date **complete** criminal history review results received: \_\_\_\_\_

Employment date \_\_\_\_\_ Position(s) assigned or title \_\_\_\_\_

_____	_____	K8
First name	Last name	License number

**Signature of Owner, Responsible Entity, Director, or Primary Caregiver**

I understand giving false or incomplete information may result in denial or revocation of my license.

_____	_____
Signature of owner, responsible entity, director, or primary caregiver	Date